

Fill in this information to identify your case:

Debtor 1 Kevin M Cameron
First Name Middle Name Last Name
Debtor 2 Caitlyn R. Cameron
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of North Dakota

Case number 23-30369
(If known)

EXHIBIT

CB-7

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets	
Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ 480,000.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ 387,466.25
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ 867,466.25

Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ 380,034.94
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$ 1,496,726.04
Your total liabilities	
	\$ 1,876,760.98

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 14,427.13
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 11,021.67

Debtor 1

Kevin Cameron & Caitlyn Cameron

First Name Middle Name Last Name

Case number (if known) 23-30369

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ _____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ _____

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ _____

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ _____

9d. Student loans. (Copy line 6f.) \$ _____

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ _____

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ _____

9g. **Total.** Add lines 9a through 9f. \$ _____

Fill in this information to identify your case and this filing:

Debtor 1 Kevin M Cameron

First Name Middle Name Last Name

Debtor 2 Caitlyn R. Cameron

(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of North Dakota

Case number 23-30369
(if known)

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2
 Yes. Where is the property?

1.1 1131 Legion Ln W

Street address, if available, or other description

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property? Current value of the portion you own?

\$ 400,000.00 \$ 400,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple _____

Check if this is community property

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Lot Three in Block Six of Brooks Harbor Fourth Addition to the City of West Fargo, situate in the County of Cass and the State of North Dakota.

1.2 1125 Legion Ln W and 1137 Legion Ln

Street address, if available, or other description

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property? Current value of the portion you own?

\$ 80,000.00 \$ 80,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple _____

Check if this is community property

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Debtor 1
Kevin M Cameron & Caitlyn R. Cameron
First Name Middle Name Last Name**Other information you wish to add about this item, such as local property identification number:**

Lots contiguous to homestead 1131 Legion Ln W property with fencing connected to neighboring properties. Lot 1 Block 1 Brooks Harbor 6th Addition and Lot 2 Block 6 Brooks Harbor 4th Addition, City of West Fargo, County of Cass, State of North Dakota

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... ➤

\$ 480,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make:Audi _____

Model:Q7 _____

Year: 2020

Approximate mileage: 41,000

Other information:

Condition:Good;

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property?	Current value of the portion you own?
\$ 40,515.00	\$ 40,515.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... ➤

\$ 40,515.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

6. Household goods and furnishings

Do not deduct secured claims or exemptions.

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe...

Couch, chair, entertainment centers (3), dressers (3), table with 8 chairs, 4 beds, end tables (4)
Toaster, Mixer, coffee maker, waffle maker, microwave, refrigerator, range, freezers (2), washer/dryer

\$ 6,650.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe...

Televisions (3), DVD Player, 2 tables, 2 phones

\$ 3,000.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe...

Books (100)
DVDs (100), CDs (30)

\$ 230.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe...**1 Bicycle**

\$ 50.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe...**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe...**Clothing and wearing apparel**

\$ 2,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver

 No Yes. Describe...**Jewelry**

Diamond Engagement Ring, 1.2ct VS1, with two Asscher cut diamonds weighing .55ctw. 14K White Gold 25% of estimated replacement valuation performed 4/13/23

14K White Gold Custom Princess Cut Diamond men's eternity band; 12 bezel set princess cut diamonds weighing 2.23 ctw

25% of estimated replacement valuation performed 4/13/23

Wedding Bands:

(1) Palladium Men's Custom Black Diamond Band with 12 small diamonds weighing 1.92 ctw - (\$2,387.50)

(2) Two 14K white gold custom bands with 7 Asscher cut diamonds weighing .35 ctw (\$1,562.50 each)

25% of estimated replacement valuation performed 4/13/23

\$ 13,996.25

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe...**Dogs (3), Turtle, Cat, Fish (24)**

\$ 0.00

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information...**Household power tools**

\$ 400.00

15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....

\$ 26,326.25

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....

Cash

\$ 700.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. Checking account:	BankNorth ending #9327 (Kevin), overdrawn	\$ 0.00
17.2. Checking account:	Western State Bank ending #4707 (Caitlyn)	\$ 1,394.27
17.3. Checking account:	BankNorth ending #9335 (Caitlyn)	\$ 12,636.92
17.4. Other financial account:	Wex Health Inc. - Health Savings ending	\$ 255.63
17.5. Other financial account:	WEX Health Dependent Care Account	\$ 4,036.60
17.6. Savings account:	BankNorth ending #1683 (Caitlyn)	\$ 5,500.14

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:	% of ownership:	
DSI Investments, LLC - sole asset: real estate utilized by Drain Services, LLC, - See Exhibit 1	100 %	\$ 158,100.00
Drain Services, Inc. - See Exhibit 1	100 %	\$ 0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately

Type of account	Institution name	
401(k) or similar plan:	Essentia Health Retirement Plan - 401K (Caitlyn)	\$ 5,685.87
Pension plan:	Sanford Retirement Savings Plan (Caitlyn)	\$ 132,315.57

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years...

	Federal:	\$ <u>0.00</u>
	State:	\$ <u>0.00</u>
	Local:	\$ <u>0.00</u>

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information....**31. Interests in insurance policies** No Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

Term Life Insurance insuring Debtor, \$5M face value, no cash value Caitlyn Cameron \$ 0.00**32. Any interest in property that is due you from someone who has died** No Yes. Give specific information....**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment** No Yes. Give specific information....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Give specific information....**35. Any financial assets you did not already list** No Yes. Give specific information...

36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....>

\$ 320,625.00**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Debtor 1
First Name: Kevin M Cameron & Caitlyn R. Cameron
Middle Name: Middle Name
Last Name: Last Name

Case number(if known) 23-30369

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information...

54. Add the dollar value of all of your entries from Part 7. Write that number here>

\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....>	\$ 480,000.00
56. Part 2: Total vehicles, line 5	\$ 40,515.00
57. Part 3: Total personal and household items, line 15	\$ 26,326.25
58. Part 4: Total financial assets, line 36	\$ 320,625.00
59. Part 5: Total business-related property, line 45	\$ 0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$ 0.00
61. Part 7: Total other property not listed, line 54	+ \$ 0.00
62. Total personal property. Add lines 56 through 61	\$ 387,466.25
63. Total of all property on Schedule A/B. Add line 55 + line 62	Copy personal property total> + \$ 387,466.25 \$ 867,466.25

#	Description	Value:
1	BankNorth Business Checking Balance	\$ 109,415.05
2	Collectible Accounts Receivable as of 10/14/23	\$ 555,000.00
3	Machinery, Equipment, Vehicles - Estimate As-Is FMV	\$ 375,000.00
4	Pending Insurance Claim - Stolen Equip.	\$ 104,000.00
5	Total Asset Value	\$ 1,143,415.05
6	Internal Revenue Service	\$ 54,421.72
7	Choice Financial Group (Blanket Lien)	\$ 294,103.45
8	SBA (Blanket Lien)	\$ 527,810.02
9	Insure Forward	\$ 23,000.00
10	Kaler Doeing Law	\$ 12,000.00
11	Perma Liner Industries	\$ 12,000.00
12	Sewer Equipment Co of America (Disputed)	\$ 200,000.00
13	Bank of the West/BMO (Secured)	\$ 15,738.62
14	US Bank ending 2814	\$ 15,116.72
15	Meckler Marketing Consulting, LLC	\$ 68,932.56
16	DSI Investment Rent	\$ 24,000.00
17	Hamilton Matter	\$ 45,000.00
18	Badger Daylighting Corporation	\$ 21,445.00
19	RES Investments Judgment	\$ 6,817.00
20	Estimated Administrative Expenses in SubV	\$ 20,000.00
21	DSI Investment Rent	\$ 24,000.00
22	Other Disputed Claims, Unknown Balances	\$ -
23	Total Estimated Liabilities:	\$ 1,364,385.09
24	(LESS) Cost of Liquidation Discount for Line #3	\$ 37,500.00
25		
26	Estimated Equity, Drain Services:	\$ (258,470.04)

#	Description	Value:
1	Real Estate in Mapleton, ND	\$ 440,000.00
2	Rent owed from Drain Services, Inc.	\$ 24,000.00
3	Total Asset Value	\$ 464,000.00
4	Mortgage, Choice	\$ 286,000.00
5	County Real Estate Taxes	\$ 7,000.00
6		
7		
8		
9		
10		
11		
12	Total Estimated Liabilities:	\$ 293,000.00
13	(LESS) Closing costs of hypothetical sale	\$ 15,400.00
14	Debtor Advance to LLC for Legal Fees	\$ 2,500.00
15	Estimated Equity, Drain Services:	\$ 158,100.00

Fill in this information to identify your case:

Debtor 1	Kevin M Cameron	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Caitlyn R. Cameron	
	First Name	Middle Name
United States Bankruptcy Court for the: District of North Dakota		
Case number (if known)	23-30369	

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 1131 Legion Ln W	Copy the value from <i>Schedule A/B</i> \$ 400,000.00	Check only one box for each exemption <input checked="" type="checkbox"/> \$ 120,723.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-02 (7) N.D. Cent. Code § 47-18-01
Line from <i>Schedule A/B:</i> 1.1 Brief description: 1125 Legion Ln W and 1137 Legion Ln	\$ 80,000.00	<input checked="" type="checkbox"/> \$ 18,760.62 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-02 (7) N.D. Cent. Code § 47-18-01
Line from <i>Schedule A/B:</i> 1.2 Brief description: 2020 Audi Q7	\$ 40,515.00	<input checked="" type="checkbox"/> \$ 10,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-03.1(2)

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor

Kevin M Cameron & Caitlyn R. Cameron

First Name Middle Name

Last Name

Case number (if known) 23-30369

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Household Goods - Couch, chair, entertainment centers (3), dressers (3), table with 8 chairs, 4 beds, end tables (4)	\$ 4,350.00	<input checked="" type="checkbox"/> \$ 4,350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-03
Line from Schedule A/B: 6 Household Goods - Toaster, Mixer, coffee maker, waffle maker, microwave, refrigerator, range, freezers (2), washer/dryer	\$ 2,300.00	<input checked="" type="checkbox"/> \$ 2,300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-03
Line from Schedule A/B: 6 Electronics - Televisions (3), DVD Player, 2 tables, 2 phones	\$ 3,000.00	<input checked="" type="checkbox"/> \$ 850.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-03
Line from Schedule A/B: 7 Clothing - Clothing and wearing apparel	\$ 2,000.00	<input checked="" type="checkbox"/> \$ 2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-02
Line from Schedule A/B: 11 Jewelry - Jewelry	\$ 2,000.00	<input checked="" type="checkbox"/> \$ 2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-02
Brief description: Jewelry - 14K White Gold Custom Princess Cut Diamond men's eternity band; 12 bezel set princess cut diamonds weighing 2.23 ctw 25% of estimated replacement valuation performed	\$ 2,496.25	<input checked="" type="checkbox"/> \$ 2,496.25 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-02
Line from Schedule A/B: 12 Jewelry - Wedding Bands:	\$ 5,512.50	<input checked="" type="checkbox"/> \$ 3,503.75 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-02
Brief description: (1) Palladium Men's Custom Black Diamond Band with 12 small diamonds weighing 1.92 ctw - (\$2,387.50) (2) Two 14K white gold custom bands with 7 Asscher cut diamonds weighing .35 ctw (\$1,562.50 each)	\$ 1,394.27	<input checked="" type="checkbox"/> \$ 1,045.70 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 32-09.1-03, § 28-22-18
Line from Schedule A/B: 12 Western State Bank ending #4707 (Caitlyn) (Checking Account)	\$ 12,636.92	<input checked="" type="checkbox"/> \$ 2,013.86 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 32-09.1-03, § 28-22-18
Line from Schedule A/B: 17.2 BankNorth ending #9335 (Caitlyn) (Checking Account)	\$ 5,685.87	<input checked="" type="checkbox"/> \$ 5,685.87 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-03.1 (7)
Brief description: Essentia Health Retirement Plan - 401K (Caitlyn)	\$ 132,315.57	<input checked="" type="checkbox"/> \$ 132,315.57 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.D. Cent. Code § 28-22-03.1 (7)
Line from Schedule A/B: 21 Sanford Retirement Savings Plan (Caitlyn)	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 21	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:			
Line from Schedule A/B:			

Fill in this information to identify your case:

Debtor 1	Kevin M Cameron	
	First Name	Middle Name
Debtor 2	Caitlyn R. Cameron	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: District of North Dakota		
Case number (if known)	23-30369	

Check if this is
an amended
filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
Bravera Bank Creditor's Name 320 N. 4th St. Number Street Bismarck ND 58501 City State ZIP Code	2020 Audi Q7 - \$40,515.00	\$ 17,074.00	\$ 40,515.00	\$ 0.00
Who owes the debt? Check one.	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p>			
<input type="checkbox"/> Check if this claim relates to a community debt	Last 4 digits of account number 9358			
Date debt was incurred 05-30-2020				

Document Page 4 of 56

2.2	Describe the property that secures the claim: \$ <u>61,239.38</u> \$ <u>80,000.00</u> \$ <u>0.00</u>		
First Community Credit Union Creditor's Name 111 9th Street SW Number Street PO Box 2075 Jamestown ND 58402-0000 City State ZIP Code		1125 Legion Ln W and 1137 Legion Ln, West Fargo, ND 58078 \$80,000.00	
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Nature of lien. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Last 4 digits of account number 0121			
Date debt was incurred 09-15-2020			
2.3	Describe the property that secures the claim: \$ <u>20,050.56</u> \$ <u>20,050.56</u> \$ <u>0.00</u>		
Internal Revenue Service Creditor's Name Centralized Insolvency Operation Number Street P O Box 7346 Philadelphia PA 19101-7346 City State ZIP Code		All real and personal property of the Debtor - \$20,050.56	
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Nature of lien. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Last 4 digits of account number			
Date debt was incurred			
2.4	Describe the property that secures the claim: \$ <u>279,277.00</u> \$ <u>400,000.00</u> \$ <u>0.00</u>		
Loancare, LLC Creditor's Name 3637 Sentara Way Number Street Virginia Beach VA 23452 City State ZIP Code		1131 Legion Ln W, West Fargo, ND 58078 - \$400,000.00	
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Last 4 digits of account number 4345			

2.5	Describe the property that secures the claim: \$ <u>2,394.00</u> \$ <u>2,394.00</u> \$ <u>0.00</u>		
Self/South State Bank Creditor's Name 515 Congress Ave Number Street Austin TX 78701 City State ZIP Code		Secured Credit Card - \$2,394.00	
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Date debt was incurred <u>03-09-2023</u> Last 4 digits of account number 1179			
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 380,034.94			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Crowley Fleck PLLP Creditor's Name 100 W. Broadway Suite 250 Number Street PO Box 2798 Bismarck ND 58502 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.2</u> Last 4 digits of account number _____
United States Attorney Creditor's Name 655 1st Ave N Ste 250 Number Street Fargo ND 58102-4932 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.3</u> Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Kevin M Cameron	
	First Name	Middle Name
Debtor 2	Caitlyn R. Cameron	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: District of North Dakota		

Case number (if known) 23-30369

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$ 0.00	\$ 0.00	\$ 0.00
North Dakota Office of State Tax Commissioner Priority Creditor's Name 600 East Boulevard Avenue Number Street Department 127 Bismarck ND 58505-0552	Last 4 digits of account number When was the debt incurred?		
	As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing else to report in this part. Submit to the court with your other schedules.
 Yes. Fill in all of the information below.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1	<p>Bank Of The West Nonpriority Creditor's Name 2527 Camino Ramon Number Street San Ramon CA 94583-0000 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 40-001 When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Guaranteed Secured Business Debt of Drain Services, securing</p>	\$ 15,738.62
4.2	<p>Barclays/Old Navy Nonpriority Creditor's Name PO Box 8803 Number Street Wilmington DE 19899-0000 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1007 When was the debt incurred? 11-11-2019</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 209.00
4.3	<p>Capital One Nonpriority Creditor's Name 11013 W Broad St Number Street Glen Allen VA 23060 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5365 When was the debt incurred? 03-16-2023</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 67.00

Debtor	Kevin M Cameron & Caitlyn R Cameron First Name Middle Name Last Name	Filed 10/25/23 Entered 10/25/23 10:41:05 AM Desc Document Page 0 of 56
4.4	<p>Capital One Bank (USA) N.A. Nonpriority Creditor's Name</p> <p>4851 Cox Road Number Street Glen Allen VA 23060</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6131 When was the debt incurred? 03-21-2023 \$ 1,688.00</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>
4.5	<p>Choice Financial Group Nonpriority Creditor's Name</p> <p>Attn: Lisa Artz, Registered Agent Number Street 4501 23rd Avenue S.</p> <p>Fargo ND 58104-8782</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? \$ 563,160.18</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Loan Guaranty for Drain Services, Inc.</p>
4.6	<p>Choice Financial Group Nonpriority Creditor's Name</p> <p>4501 23rd Avenue South Number Street Attn: Lisa Artz, Registered Agent</p> <p>Fargo ND 58104-8782</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? \$ 286,000.00</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Guaranteed Business Debt: DSI Investments Mortgage</p>

4.7	<p>Credit One Bank Nonpriority Creditor's Name PO Box 98875 Number Street Las Vegas NV 89193-8875 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3726 When was the debt incurred? 03-17-2022 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 1,108.00
4.8	<p>Credit One Bank Nonpriority Creditor's Name PO Box 98875 Number Street Las Vegas NV 89193-8875 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6929 When was the debt incurred? 01-19-2022 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</p>	\$ 1,940.00
4.9	<p>Discover Nonpriority Creditor's Name PO Box 15316 Number Street Wilmington DE 19850 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0038 When was the debt incurred? 01-07-2020 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 394.00

4.10	<p><u>Drain Services, Inc. DIP</u> Nonpriority Creditor's Name <u>Maurice VerStandig</u> Number Street <u>1630 1st Ave. N. Suite B PMB 24</u></p> <p><u>Fargo ND 58102</u></p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced</p>	\$ <u>5,000.00</u>
4.11	<p><u>Enterprise Rent-A Car</u> Nonpriority Creditor's Name <u>600 Corporate Park Dr</u></p> <p>Number Street <u>Saint Louis MO 63105</u></p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7195</u></p> <p>When was the debt incurred? <u>01-17-2020</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency</p>	\$ <u>1,587.00</u>
4.12	<p><u>Mohela/Dept. Of Ed</u> Nonpriority Creditor's Name <u>633 Spirit Drive</u></p> <p>Number Street <u>Chesterfield MO 63005</u></p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0002</u></p> <p>When was the debt incurred? <u>09-05-2015</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify</p>	\$ <u>15,268.00</u>

4.13	<p>Mohela/Dept. Of Ed Nonpriority Creditor's Name</p> <p>633 Spirit Drive Number Street Chesterfield MO 63005</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0001 When was the debt incurred? 09-06-2014</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify</p>	\$ 10,231.00
4.14	<p>Morgan R. Glines Nonpriority Creditor's Name</p> <p>RE: Horob v. Drain Services Number Street 2151 36th Ave. SW Suite B</p> <p>Minot ND 58701</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 51-2023-CV-00753 When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Litigation re: Drain Services, Inc.</p>	\$ Unknown
4.15	<p>PayPal Credit Services/SYNCB Nonpriority Creditor's Name</p> <p>Po Box 960080 Number Street Orlando FL 32895-0080</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 288.00

4.16	<p>Radio Fargo Moorhead Nonpriority Creditor's Name 2720 7th Avenue South Number Street Fargo ND 58103-0000 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Radio Advertising - Drain Services, Inc.</p>	\$ 5,507.15
4.17	<p>Tony Hamilton Nonpriority Creditor's Name 116 48th Ave. E. Number Street West Fargo ND 58078 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 09-2023-CV-03600 When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Litigation re: Drain Services, Inc.</p>	\$ 45,000.00
4.18	<p>US Bank Nonpriority Creditor's Name Bankruptcy Department Number Street PO Box 5227 Cincinnati OH 45201-5229 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2814 When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Drain Services, Inc. Credit Card</p>	\$ 15,116.72

4.19	U.S. Small Business Administration Nonpriority Creditor's Name John W. Baker, Attorney Number Street 721 19th St. Suite 426 Denver CO 80202 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3485 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Guaranteed Business Loan of Drain Services, Inc.	\$ 528,423.37
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Bmo Harris Bank Creditor's Name Bankruptcy Dept. BRK-1880-RC Number Street 770 N. Water Street	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured
Milwaukee WI 53202-0000 City State ZIP Code	Last 4 digits of account number
Buchalter Creditor's Name Mark M. Scott, Esq. Number Street 18400 Von Karman Ave. Suite 800	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Irvine CA 92612 City State ZIP Code	Last 4 digits of account number
CBB Collections Creditor's Name 200 N. 34th St. Number Street Billings MT 59101	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Fargo ND 58102 City State ZIP Code	Last 4 digits of account number
Drain Services, Inc. DIP Creditor's Name Maurice VerStandig Number Street 1630 1st Ave. N. Suite B PMB 24	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.18 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
LVNV Funding, Inc. Creditor's Name PO Box 10497 Number Street Greenville SC 29603	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	Last 4 digits of account number

<u>LVNV Funding, Inc.</u> Creditor's Name PO Box 10497 Number Street Greenville SC 29603 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
<u>Midland Credit Management</u> Creditor's Name 8875 Aero Drive Number Street San Diego CA 92123-0000 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
<u>Orion First Financial, LLC</u> Creditor's Name 5201 Olympic Drive NW Suite 210 Number Street Gig Harbor WA 98335 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
<u>Vogel Law Firm</u> Creditor's Name 200 North Third Street, Ste. 201 Number Street Bismarck ND 58501 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.17 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
<u>Zimney Foster, P.C.</u> Creditor's Name 3100 S. Columbia Rd. Suite 200 Number Street Grand Forks ND 58201-0000 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
<u>Zimney Foster, P.C.</u> Creditor's Name 3100 S. Columbia Rd. Suite 200 Number Street Grand Forks ND 58201-0000 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
 Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$ 0.00</u>

	Total claim
Total claims from Part 2	
6f. Student loans	6f. \$ <u>25,499.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>1,471,227.04</u>
6j. Total. Add lines 6f through 6i.	6j. \$ <u>1,496,726.04</u>

Fill in this information to identify your case:

Debtor 1	Kevin M Cameron	
	First Name	Middle Name
Debtor 2	Caitlyn R. Cameron	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: District of North Dakota		
Case number (if known)	23-30369	

Check if this is
an amended
filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1	Kevin M Cameron	
	First Name	Middle Name
Debtor 2	Caitlyn R. Cameron	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: District of North Dakota		
Case number (if known) 23-30369		

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1	Drain Services, Inc. DIP Name Maurice VerStanding 1630 1st Ave. N. Suite B PMB 24 Street Fargo ND 58102 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line 4.19 <input type="checkbox"/> Schedule G, line _____
3.2	Drain Services, Inc. DIP Name Maurice VerStanding 1630 1st Ave. N. Suite B PMB 24 Street Fargo ND 58102 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line 4.14 <input type="checkbox"/> Schedule G, line _____
3.3	Drain Services, Inc. DIP Name Maurice VerStanding 1630 1st Ave. N. Suite B PMB 24 Street Fargo ND 58102 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line 4.17 <input type="checkbox"/> Schedule G, line _____
3.4	Drain Services, Inc. DIP Name Maurice VerStanding 1630 1st Ave. N. Suite B PMB 24 Street Fargo ND 58102 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line 4.1 <input type="checkbox"/> Schedule G, line _____

3.5	Drain Services, Inc. DIP Name Maurice VerStanding 1630 1st Ave. N. Suite B PMB 24 Street Fargo ND 58102 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line 4.5 <input type="checkbox"/> Schedule G, line _____
3.6	Drain Services, Inc. DIP Name Maurice VerStanding 1630 1st Ave. N. Suite B PMB 24 Street Fargo ND 58102 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line 4.6 <input type="checkbox"/> Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Kevin M Cameron		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Caitlyn R. Cameron		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of North Dakota			
Case number (if known)	23-30369		

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Corporate/Municipal Plumbing C

Physician Assistant

Drain Services, Inc.

Essentia Health

Employer's name

415 Main Ave. E.

3000 32nd Ave. SW

Number Street

Number Street

Employer's address

West Fargo, ND 58078

Fargo, ND 58103

City State ZIP Code

City State ZIP Code

How long employed there? 12 Years

Almost 3 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 11,000.00	\$ 9,757.69
3. Estimate and list monthly overtime pay.	3. + \$ 0.00	+ \$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 11,000.00	\$ 9,757.69

First Name Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....	→ 4.	\$ 11,000.00
5. List all payroll deductions:		\$ 9,757.69
5a. Tax, Medicare, and Social Security deductions	5a. \$ 3,606.50	\$ 1,452.51
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 585.09
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 686.47
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____ _____ _____ _____	5h. + \$ 0.00 \$ _____ \$ _____ \$ _____ \$ _____	+ \$ 0.00 \$ _____ \$ _____ \$ _____ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 3,606.50	\$ 2,724.06
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 7,393.50	\$ 7,033.63
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 7,393.50	+ \$ 7,033.63 = \$ 14,427.13
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ _____	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ 14,427.13	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Kevin M Cameron	
	First Name	Middle Name
	Caitlyn R. Cameron	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the:	District of North Dakota	
	(State)	
Case number (if known)	23-30369	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

6

No
 Yes

Son

3

No
 Yes

No
 Yes

No
 Yes

No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 3,137.17

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$	0.00
4b. \$	0.00
4c. \$	200.00
4d. \$	0.00

Debtor 1 Kevin M Cameron & Caitlyn R. Cameron
First Name Middle Name Last Name

Case number (if known) 23-30369

Your expenses	
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ 0.00
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 400.00
6b. Water, sewer, garbage collection	6b. \$ 200.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 565.00
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	
	7. \$ 1,200.00
8. Childcare and children's education costs	
	8. \$ 2,150.00
9. Clothing, laundry, and dry cleaning	
	9. \$ 250.00
10. Personal care products and services	
	10. \$ 200.00
11. Medical and dental expenses	
	11. \$ 450.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	
	12. \$ 360.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	
	13. \$ 100.00
14. Charitable contributions and religious donations	
	14. \$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 431.50
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 120.00
15d. Other insurance. Specify: <u>Personal Property Insurance</u>	15d. \$ 200.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	
	16. \$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 558.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	
	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	
	19. \$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

Debtor 1 Kevin M Cameron
First Name Middle Name Last Name

Case number (if known) 23-30369

21. Other. Specify: Pet Food/Veterinary Expense	21. +\$ 500.00
	+\$ _____
	+\$ _____
22. Calculate your monthly expenses.	
22a. Add lines 4 through 21.	22a. \$ 11,021.67
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a	22b. \$ _____
and 22b. The result is your monthly expenses.	22c. \$ 11,021.67
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from <i>Schedule I</i> .	23a. \$ 14,427.13
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 11,021.67
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 3,405.46
24. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here:

Fill in this information to identify your case:

Debtor 1	Kevin M Cameron	
	First Name	Middle Name
Debtor 2	Caitlyn R. Cameron	
(Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the District of North Dakota		
Case number	23-30369	
(If known)		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kevin M Cameron

Signature of Debtor 1

Date 11/29/2023
MM / DD / YYYY

X /s/ Caitlyn R. Cameron

Signature of Debtor 2

Date 11/29/2023
MM / DD / YYYY

Fill in this information to identify your case:		
Debtor 1	Kevin M Cameron	
	First Name	Middle Name
Debtor 2	Caitlyn R. Cameron	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: District of North Dakota		
Case number (if known)	23-30369	

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H)

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ 112,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 94,740.23
For last calendar year: (January 1 to December 31, 2022)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ 120,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 90,000.00
For the calendar year before that: (January 1 to December 31, 2021)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ 58,539.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 86,891.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)

From January 1 of current year until the date you filed for bankruptcy:

For last calendar year:

(January 1 to December 31, 2022)

For the calendar year before that:

Interest from Drain Services Inc. \$ 2,461.00

(January 1 to December 31, 2021)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<u>Loancare, LLC</u> Creditor's Name <u>3637 Sentara Way</u> Number Street <u>Virginia Beach VA</u> City State <u>23452</u> ZIP Code	\$ <u>8,700.00</u>	\$ <u>279,277.00</u>	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No.

Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

insider?

Include payments on debts guaranteed or cosigned by an insider.

 No. Yes. List all payments that benefited an insider.**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title: <u>Tony Hamilton v. Drain Services, Inc., Caitlyn Cameron, Kevin Cameron</u> Case number: <u>09-2023-CV-03600</u>	Breach of Contract; Date filed: <u>10/12/2023</u>	Court Name <u>Cass County District Court</u> 211 9th Street South Number <u>Street</u> <u>Fargo ND 58103</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title: <u>Kevin Cameron v. Michael Howe, ND Secretary of State</u> Case number: <u>08-2023-CV-02355</u>	Petition for Reinstatement of DSI Investments, LLC; Date filed: <u>10/04/2023</u>	Court Name <u>Cass County District Court</u> 211 9th Street South Number <u>Street</u> <u>Fargo ND 58103</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title: <u>Sandra Horob and Danny Saint v. Drain Services, Inc. and Kevin Cameron</u> Case number: <u>51-2023-CV-00753</u>	Breach of Contract; Date filed: <u>04/14/2023</u>	Court Name <u>Cass County District Court</u> 211 9th Street South Number <u>Street</u> <u>Fargo ND 58103</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: <u>First Community Credit Union v. Caitlyn R. Cameron, Kevin M. Cameron, United States of America acting through the Internal Revenue Service</u> Case number: <u>09-2022-CV-03799</u>	Foreclosure; Date filed: <u>12/22/2022</u>	Court Name <u>Cass County District Court</u> 211 9th Street South Number <u>Street</u> <u>Fargo ND 58103</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?** No Yes. Fill in the details**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?** No Yes**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?** No

Yes. Fill in the details for each gift.**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?** No Yes. Fill in the details for each gift or contribution.**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?** No Yes. Fill in the details.**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Bulie Diaz Law Office - Fargo Person Who Was Paid 3543 45th St. S. Suite 102 Number Street Fargo ND 58104 City State ZIP Code www.buliediazlawoffice.com Email or website address	Initial bankruptcy attorney and filing fee <u>10/10/2023</u>	\$ 500.00 \$ _____

Person Who Made the Payment, if Not You

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Allen Credit & Debt Counseling Person Who Was Paid 20003 387th Ave. Number Street Wolsey SD 57384-0000 City State ZIP Code Email or website address	Pre-Bankruptcy Credit Counseling <u>10/06/2023</u>	\$ 20.00 \$ _____

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership

An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

DSI Investments, LLC Business Name 575 County Rd 10 Number Street Mapleton ND 58059 City State ZIP Code			Describe the nature of the business Caitlyn Cameron - 100% Membership owner Kevin Cameron - officer/operator LLC owns real estate used by Drain Services, Inc. Drain Services, Inc. has made lease payments to Choice for the mortgage	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From <u>05/07/2020</u> To <u>Current</u>
			Name of accountant or bookkeeper _____	
Drain Services, Inc. Business Name 415 Main Ave. Suite 691 Number Street West Fargo ND 58078 City State ZIP Code			Describe the nature of the business Sewer cleaning, repair, and replacement Agricultural drainage solutions Caitlyn Cameron - President, CEO, Secretary, and 100% shareholder Kevin Cameron - Vice President	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>4</u> <u>5</u> - <u>3</u> <u>5</u> <u>7</u> <u>7</u> <u>2</u> <u>0</u> Dates business existed From <u>10/03/2011</u> To <u>Current</u>
			Name of accountant or bookkeeper Devon Liljenquist, CPA - Arrow Advisors	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Debtor

Kevin M Cameron & Caitlyn R. Cameron
First Name Middle Name Last Name

Entered 10/29/23 18:43:48 Case number(if known) 23-30369

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Kevin M Cameron

Signature of Debtor 1

 /s/ Caitlyn R. Cameron

Signature of Debtor 2

Date 11/29/2023

Date 11/29/2023

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? No Yes. Name of person _____Attach the Bankruptcy Petition Preparer's Notice,
Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Kevin M Cameron	
	First Name	Middle Name
Debtor 2	Caitlyn R. Cameron	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: District of North Dakota		
Case number <u>23-30369</u> (If known)		

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

3. The commitment period is 3 years.

4. The commitment period is 5 years.

 Check if this is an amended filing**Official Form 122C-1****Chapter 13 Statement of Your Current Monthly Income
and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

 Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 9,836.82
3. Alimony and maintenance payments. Do not include payments from a spouse.	\$ 0.00	\$ 0.00

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
--	---------	---------

	Debtor 1	Debtor 2	
Gross receipts (before all deductions)	\$ 0,000.00	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0,000.00	\$ 0.00	Copy here ➔ \$ 10,000.00 \$ 0.00

	Debtor 1	Debtor 2	
Gross receipts (before all deductions)	\$ 0.00	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00	Copy here ➔ \$ 0.00 \$ 0.00

Debtor 1 Kevin M Cameron & Caitlyn R. Cameron
First Name Middle Name Last Name

Case number (if known) 23-30369

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00
8. Unemployment compensation	\$ 0.00	\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you \$ 0.00
 For your spouse \$ 0.00

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. \$ 0.00 \$ 0.00

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

_____ \$ 0.00 \$ 0.00
 _____ \$ 0.00 \$ 0.00
 + \$ 0.00 + \$ 0.00

Total amounts from separate pages, if any.

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 10,000.00 + \$ 9,836.82 = \$ 19,836.82

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** \$ 19,836.82

13. **Calculate the marital adjustment.** Check one:

You are not married. Fill in 0 below.
 You are married and your spouse is filing with you. Fill in 0 below.
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

_____ \$ _____
 _____ \$ _____
 + \$ _____
 Total \$ 0.00 Copy here ➔ - 0.00

14. **Your current monthly income.** Subtract the total in line 13 from line 12.

\$ 19,836.82

Debtor 1 Kevin M Cameron & Caitlyn R. Cameron
 First Name Middle Name Last Name Case number (if known) 23-30369

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → \$ 19,836.82

Multiply line 15a by 12 (the number of months in a year). **x 12**

15b. The result is your current monthly income for the year for this part of the form.

\$ 238,041.84

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. ND

16b. Fill in the number of people in your household. 4

16c. Fill in the median family income for your state and size of household. \$ 117,698.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$ 19,836.82

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. - \$ 0.00

19b. Subtract line 19a from line 18. \$ 19,836.82

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ 19,836.82

Multiply by 12 (the number of months in a year). **x 12**

20b. The result is your current monthly income for the year for this part of the form. \$ 238,041.84

20c. Copy the median family income for your state and size of household from line 16c.

\$ 117,698.00

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1 Kevin M Cameron & Caitlyn R. Cameron

First Name Middle Name

Last Name

Case number (if known) 23-30369Document Page 56 of 56**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Kevin M Cameron

Signature of Debtor 1

X /s/ Caitlyn R. Cameron

Signature of Debtor 2

Date 11/29/2023

MM / DD / YYYY

Date 11/29/2023

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 Kevin M Cameron
First Name Middle Name Last Name
Debtor 2 Caitlyn R. Cameron
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of North Dakota

Case number 23-30369
(If known)

Check if this is an amended filing

Official Form 122C–2

Chapter 13 Calculation of Your Disposable Income

4/22

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C–1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$1,993.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1

Kevin M Cameron & Caitlyn R. Cameron

First Name Middle Name

Last Name

Case number (if known) 23-30369

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 79.00

7b. Number of people who are under 65 X 4

7c. Subtotal. Multiply line 7a by line 7b. \$ 316.00

Copy line
7c here ➔ \$ 316.00**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ 154.00

7e. Number of people who are 65 or older X _____

7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00

Copy line
7f here ➔ + \$ 0.007g. **Total.** Add lines 7c and 7f. \$ 316.00Copy total
here ➔7g. \$ 316.00**Local Standards**

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ **Housing and utilities – Insurance and operating expenses**

■ **Housing and utilities – Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 775.00

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,725.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment		
Loancare, LLC	\$ 2,827.00		
First Community Credit Union	\$ 1,016.67		
	+ \$ 0.00		
9b. Total average monthly payment	\$ 3,843.67	Copy line 9b here ➔	– \$ 3,843.67 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ 0.00

Copy 9c here ➔

\$ 0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why:

Debtor 1 Kevin M Cameron & Caitlyn R. Cameron

First Name Middle Name

Last Name

Case number (if known) 23-30369

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

0. Go to line 14.
 1. Go to line 12.
 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 450.00

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.**Vehicle 1**Describe
Vehicle 1:

2020 Audi Q7

13a. Ownership or leasing costs using IRS Local Standard

13a. \$ 629.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly
payment

Bravera Bank

\$ 558.00

+ \$ 0.00

Total average monthly payment

\$ 558.00

Copy
here ➔

- \$ 558.00

Repeat this amount
on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.

\$ 71.00

Copy net Vehicle
1 expense here ➔

\$ 71.00

Vehicle 2Describe
Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard..... \$ 629.00

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly
payment

\$ 0.00

+ \$ 0.00

Total average monthly payment

\$ 0.00

Copy
here ➔

- \$ 0.00

Repeat this amount
on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0.

\$ 0.00

Copy net Vehicle
2 expense here ➔

\$ 0.00

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 0.00

Debtor 1 Kevin M Cameron & Caitlyn R. Cameron
 First Name Middle Name Last Name

Case number (if known) 23-30369

Other Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.
16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.	\$ 5,059.01
Do not include real estate, sales, or use taxes.	
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.	\$ 0.00
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	
18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.	\$ 431.50
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	
19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.	\$ 0.00
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	
20. Education: The total monthly amount that you pay for education that is either required:	\$ 15.00
■ as a condition for your job, or	
■ for your physically or mentally challenged dependent child if no public education is available for similar services.	
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.	\$ 1,900.00
Do not include payments for any elementary or secondary school education.	
22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.	\$ 134.00
Payments for health insurance or health savings accounts should be listed only in line 25.	
23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.	+ \$ 0.00
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.	
24. Add all of the expenses allowed under the IRS expense allowances.	\$ 11,144.51
Add lines 6 through 23.	
Additional Expense Deductions	These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.
25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.	
Health insurance	\$ 686.47
Disability insurance	\$ 0.00
Health savings account	+ \$ 216.67
Total	\$ 903.13
Do you actually spend this total amount?	
<input type="checkbox"/> No. How much do you actually spend?	\$ _____
<input checked="" type="checkbox"/> Yes	
26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).	\$ 0.00
27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	\$ 0.00
By law, the court must keep the nature of these expenses confidential.	

Debtor 1 Kevin M Cameron & Caitlyn R. Cameron
First Name Middle Name Last Name

Case number (if known) 23-30369

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. \$0.00

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$0.00

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). + 0.00

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31. \$903.13

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly payment

Mortgages on your home

33a. Copy line 9b here..... ➔ \$ 3,843.67

Loans on your first two vehicles

33b. Copy line 13b here. ➔ \$ 558.00

33c. Copy line 13e here. ➔ \$ 0.00

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No \$ 334.18

Yes \$ 0.00

No + \$ 0.00

Yes \$ 0.00

Internal Revenue Service (IRS) property of the Debtor

33e. Total average monthly payment. Add lines 33a through 33d. \$ 4,735.84 ➔ \$ 4,735.84

Debtor 1 Kevin M Cameron & Caitlyn R. Cameron

First Name Middle Name

Last Name

Case number (if known) 23-30369

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____	÷ 60 = \$ _____
_____	_____	\$ _____	÷ 60 = \$ _____
_____	_____	\$ _____	÷ 60 = + \$ _____
		Total \$ 0.00	Copy total here ➔ \$ 0.00

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. \$ 0.00 ÷ 60 \$ 0.00

36. Projected monthly Chapter 13 plan payment

\$ 6,000.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x 9.1%

\$ 546.00

Copy total here ➔

\$ 546.00

Average monthly administrative expense

37. Add all of the deductions for debt payment. Add lines 33g through 36.

\$ 5,281.84

Total Deductions from Income**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances.....

\$ 11,144.51

Copy line 32, All of the additional expense deductions.....

\$ 903.13

Copy line 37, All of the deductions for debt payment.....

+\$ 5,281.84

\$ 17,329.49

Copy total here ➔

\$ 17,329.49

Total deductions

Debtor 1 Kevin M Cameron & Caitlyn R. Cameron
First Name Middle Name Last Name

Case number (if known) 23-30369

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** \$ 19,836.8

40. **Fill in any reasonably necessary income you receive for support for dependent children.**
The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ 0.00

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ 585.09

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here ➔ \$ 17,329.49

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
Total	\$ 0.00
	Copy here ➔ + \$ 0.00

44. **Total adjustments.** Add lines 40 through 43. ➔ \$ 17,914.58 Copy total here ➔ - \$ 17,914.58

45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39. \$ 1,922.24

Part 3: Change in Income or Expenses

46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1	—	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	—	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	—	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	—	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	—	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	—	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	—	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	—	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Debtor 1 Kevin M Cameron & Caitlyn R. Cameron

First Name Middle Name

Last Name

Case number (if known) 23-30369**Part 4:****Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

/s/ Kevin M Cameron

Signature of Debtor 1

Date 11/29/2023
MM / DD / YYYY

/s/ Caitlyn R. Cameron

Signature of Debtor 2

Date 11/29/2023
MM / DD / YYYY

United States Bankruptcy Court

District of North Dakota

In re Kevin M Cameron & Caitlyn R. Cameron

Case No. 23-30369

Debtor

Chapter ¹³

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

- Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept \$
Prior to the filing of this statement I have received \$
Balance Due. \$

RETAINER

For legal services, I have agreed to accept a retainer of \$ ^{187.00}
The undersigned shall bill against the retainer at an hourly rate of \$ ^{300.00}
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

- The source of the compensation paid to me was:

Debtor Other (specify)

- The source of compensation to be paid to me is:

Debtor Other (specify)

- I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

- In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
Representation in adversary proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/29/2023

/s/ Sara Diaz, 06069

Date

Signature of Attorney

Bulie Diaz Law Office

Name of law firm
3523 45th St. S.
Suite 102
Fargo, ND 58104